BEFORE THE MEDICAL BOARD OF CALIFORNIA **DEPARTMENT OF CONSUMER AFFAIRS** STATE OF CALIFORNIA

In the Matter of the Accusation) Against:)	
Thirupathi K. Reddy, M.D.	Case No. 800-2014-006672
Physician's and Surgeon's) Certificate No. A 54174)	
Respondent)	

DECISION

The attached Stipulated Settlement and Disciplinary Order for Public Reprimand is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on December 14, 2018.

IT IS SO ORDERED November 16, 2018.

MEDICAL BOARD OF CALIFORNIA

Kristina D. Lawson, J.D., Chair

Panel B

1	Xavier Becerra			
2	Attorney General of California MARY CAIN-SIMON			
3	Supervising Deputy Attorney General DAVID CARR			
4	Deputy Attorney General State Bar No. 131672			
5	455 Golden Gate Avenue, Suite 11000 San Francisco, CA 94102-7004			
6	Telephone: (415) 510-3380 Facsimile: (415) 703-5480			
7	Attorneys for Complainant			
.8	DEEOD			
_	BEFORE THE MEDICAL BOARD OF CALIFORNIA			
9	DEPARTMENT OF CO STATE OF CA			
11				
12	In the Matter of the Accusation Against:	Case No. 800-2014-006672		
13	THIRUPATHI K. REDDY, M.D.	OAH No. 2018061037		
14	2333 Mowry Avenue, Suite 300	STIPULATED SETTLEMENT AND		
15	Fremont, CA 94538-1626	DISCIPLINARY ORDER FOR PUBLIC REPRIMAND		
16	Physician's and Surgeon's	[Bus. & Prof. Code § 2227]		
17	Certificate No. A54174,	t		
18				
19	Respondent.			
20				
21				
22		ment of this matter, consistent with the public		
23	interest and the responsibilities of the Medical Bo			
24	Consumer Affairs, the parties hereby agree to the	following Stipulated Settlement and		
25	Disciplinary Order for Public Reprimand which v	vill be submitted to the Board for approval and		
26	adoption as the final disposition of the Accusation	1.		
27	///			
28	///			

STIPULATION AND ORDER FOR PUBLIC REPRIMAND (800-2014-006672)

PARTIES

- 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by David Carr, Deputy Attorney General.
- 2. Respondent Thirupathi K. Reddy, M.D. is represented in this proceeding by attorney Joseph S. Picchi, of Galloway, Lucchese, Everson & Picchi, 2300 Contra Costa Blvd, Suite 350, Pleasant Hill, CA 94523-2398.

JURISDICTION

- 3. On May 3, 1995, the Board issued Physician's and Surgeon's Certificate No. A54174 to Thirupathi K. Reddy, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2014-006672 and will expire on November 30, 2018, unless renewed.
- 4. Accusation No. 800-2014-006672 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on July 3, 2017. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2014-006672 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

- 5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2014-006672. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order for Public Reprimand.
- 6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and

court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

- 8. Respondent understands and agrees that the allegations of Accusation No. 800-2014-006672, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate
- 9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation. Respondent hereby gives up his right to contest those charges.
- 10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Disciplinary Order below.

RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Board or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order for Public Reprimand shall be of no force or effect, except for this paragraph, it shall be

inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

- 13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order for Public Reprimand, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.
- 14. This Stipulated Settlement and Disciplinary Order for Public Reprimand is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order for Public Reprimand may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.
- 15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

16. IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A54174, issued to Respondent Thirupathi K. Reddy, M.D. is publicly reprimanded by the Medical Board of California under Business and Professions Code section 2227 in resolution of Accusation No. 800-2014-006672, attached as exhibit A. The reprimand states:

In your care and treatment of a patient in 2011, you failed to adequately and timely evaluate the patient's symptomatic mitral valve stenosis.

17. Within 60 days of the effective date of this Order Respondent shall enroll in a program consisting of 25 hours of Continuing Medical Education, focused on initial patient assessment and diagnosis, approved in advance by the Board or its designee. Respondent shall successfully complete the 25 hours of additional Continuing Medical Education within 6 months

of the initial date of enrollment in the approved program. The 25 hours of Continuing Medical Education shall be in addition to, and not serve to satisfy, the annual Continuing Medical Education hours required of all physicians and surgeons for renewal of licensure.

18. Within 60 calendar days of the effective date of this Order, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall participate in and successfully complete the course not later than six (6) months after Respondent's initial enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education requirements for renewal of licensure and the 25 hours of additional Continuing Medical Education required in paragraph 17 above. A medical record keeping course taken after the acts that gave rise to the charges in the Accusation but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision. Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the Decision, whichever is later.

<u>ACCEPTANCE</u>

I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reprimand and have fully discussed it with my attorney, Joseph S. Picchi, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order for Public Reprimand voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: Sept 6, 2018 UTW Mysan Resolution THIRUPATHI K. REDDY, M.D. Respondent

	4
	I have read and fully discussed with Respondent Thirupathi K. Reddy, M.D. the terms and
	conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order
	for Public Reprimand. I approve its form and content.
	4
,	5 DATED: 9/6/18
(JOSEPH S. PICCHI, ESQ. Attorney for Respondent
,	,
8	ENDORSEMENT
. 5	between and Disciplinary Order for Public Reprimand is hereby
10	respectfully submitted for consideration by the Medical Board of California of the Department of
11	Consumer Affairs.
.12	Dotade - 7 2 0/0
13	
.14	XAVIER BECERRA Attorney General of California
15	MARY CAIN-SIMON Supervising Deputy Attorney General
16	$\mathcal{O}_{\mathcal{A}}$
17	DAVID CARR
18	Deputy Attorney General Attorneys for Complainant
19	
20 21	
22	SF2017203623
23	ar 2017203623
24	
25	
26	
27	
28	

Exhibit A

Accusation No. 800-2014-006672

DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA In the Matter of the Accusation Against: Thirupathi K. Reddy, M.D. 2333 Mowry Avenue, Suite 300 Fremont, CA 94538-1626 Physician's and Surgeon's Certificate No. A54174, Respondent. Respondent.	
In the Matter of the Accusation Against: Thirupathi K. Reddy, M.D. 2333 Mowry Avenue, Suite 300 Fremont, CA 94538-1626 Physician's and Surgeon's Certificate No. A54174, Respondent.	
Thirupathi K. Reddy, M.D. 2333 Mowry Avenue, Suite 300 Fremont, CA 94538-1626 Physician's and Surgeon's Certificate No. A54174, Respondent.	
2333 Mowry Avenue, Suite 300 Fremont, CA 94538-1626 Physician's and Surgeon's Certificate No. A54174, Respondent.	
Fremont, CA 94538-1626 Physician's and Surgeon's Certificate No. A54174, Respondent.	
No. A54174, Respondent.	
Respondent.	
	-,-
17	
18 Complainant alleges:	
19 PARTIES	
20 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her offici	al
21 capacity as the Executive Director of the Medical Board of California, Department of Cons	umer
22 Affairs (Board).	
2. On May 3, 1995, the Medical Board issued Physician's and Surgeon's Certification	:е
Number A54174 to Thirupathi K. Reddy, M.D. (Respondent). The Physician's and Surgeon	1's
Certificate was in full force and effect at all times relevant to the charges brought herein an	d will
26 expire on November 30, 2018, unless renewed.	
27 ///	
28 //	
1 (THIRUPATHI K. REDDY, M.D.) ACCUSATION NO. 800-201	

- "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
- "(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
- "(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.
 - "(d) Incompetence.
- "(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.
 - "(f) Any action or conduct which would have warranted the denial of a certificate.
- "(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.
- "(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."
- 7. Section 2266 of the Code provides that the failure of a physician to maintain adequate and accurate records relating to the provision of services to patients constitutes unprofessional conduct.
 - 8. Section 2227 of the Code states:
- "(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default

has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

- "(1) Have his or her license revoked upon order of the board.
- "(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
- "(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
- "(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
- "(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
- "(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."
 - 9. The events described herein occurred in the State of California.

FIRST CAUSE FOR DISCIPLINE

(Negligent Act/Unprofessional Conduct)

- 10. Respondent Thirupathi K. Reddy, M.D. is subject to disciplinary action under section 2234(c) in that his care and treatment of patient S.A.¹ included multiple departures from the standard of care constituting repeated negligent acts. The circumstances are as follows:
- 11. Patient S.A. was seen at the Washington Hospital emergency department on March 12, 2011, for shortness of breath and complaint of a low grade fever for more than one week. She was found to a have a supraventricular arrhythmia consistent with atrial fibrillation. Her oxygen

¹ The patient is identified herein by initials to preserve confidentiality. The patient's full name will be provided to Respondent in discovery.

saturation on room air was 97% but increased to 100% with supplemental oxygen via nasal cannula. A preliminary chest x-ray revealed an enlarged heart and lung infiltration; the interpreting radiologist suggested either pulmonary edema or bilateral pneumonia. S.A. had no fever when she was seen in the emergency department and her white blood count was normal. S.A. was started on broad spectrum antibiotics and she was admitted to the intensive care unit for additional testing and care.

- 12. A requested cardiology consult was provided in house by Respondent the following day. Respondent's opinion was that S.A. had a significant infection and her atrial fibrillation was secondary to that infection. A transthoracic echocardiogram was ordered and performed on March 13, 2011. The test revealed normal left ventricular function, a severely dilated left atrium, and moderate mitral valve stenosis with moderate mitral valve insufficiency. Respondent's report interpreting and summarizing the echocardiogram made specific findings, including "moderate mitral stenosis."
- 13. After additional testing S.A. was diagnosed with pneumonia. She continued to receive intravenous antibiotic therapy, her symptoms improved, and her heart return to normal sinus rhythm. She was cleared for discharge from the hospital on March 16, 2011, with instructions to follow up with her primary care physician and with Respondent. The discharge summary dictated by the hospitalist states that S.A. is to see Respondent "to be followed up with starting of possible Coumadin because of atrial fibrillation and mitral stenosis." S.A's medication order upon discharge from the hospital did not include Coumadin; she was given aspirin and a beta blocker.
- 14. Patient S.A. saw Respondent for follow-up as directed in his office on April 20, 2011. At that visit, Respondent noted that S.A. reported no problems and that her heart was in normal sinus rhythm. In a subsequent interview with Board investigators, Respondent acknowledged that the echocardiogram report he had interpreted while S.A. was hospitalized the prior month was not included among his office records for patient S. A. at the time of this follow-up visit. Respondent described S.A.'s examination as normal and directed her to continue with the beta blocking medication and to return in three months.

- 15. Respondent next saw patient S.A. on October 19, 2011. His record of that visit states that S.A. was doing well, was engaging in regular activities, and had joined a health club. Respondent stated to Board investigators at a subsequent interview that his office chart for patient S.A. still did not contain the Washington echocardiogram report in which he had identified S.A.'s mitral valve stenosis. Respondent further stated in the interview that--although he did have his physician notes from patient S.A.'s hospitalization in March 2011, in his office records for this patient at the time of this October, 2011, office visit--he did not delve that deeply into the medical record because at this visit S.A. "was sort of upbeat and she was doing well." Respondent told S.A. to continue with her previously prescribed medications and to return in six months.
- 16. Patient S.A. presented to her primary care physician on February 10, 2012, complaining of a productive cough of a week's duration; she was diagnosed with bronchitis. Blood tests and chest x-ray were ordered and she was given an inhaler. On February 29, 2012, S.A. went to Respondent's office complaining of general malaise, sore throat, shortness of breath, palpitations, and dizziness. She was tachycardic; an electrocardiogram performed in-office revealed atrial fibrillation with rapid ventricular response. Respondent diagnosed congestive heart failure and atrial fibrillation; he prescribed a beta blocker and the anticoagulant Pradaxa, as well as a diuretic and a potassium supplement.
- 17. The following day her mother found S.A. lying on the bathroom floor; she had left-sided weakness and slurred speech. Emergency personnel returned her to Washington Hospital, where she was diagnosed with an evolving right middle cerebral artery embolic stroke.
- 18. Respondent is subject to disciplinary action for unprofessional conduct, in that his failure to obtain additional timely clinical evaluation of patient S.A.'s symptomatic mitral valve stenosis, as described in Respondent's reading of the echocardiogram performed in Washington Hospital during her initial admission in March, 2011, was a departure from the standard of care which, in conjunction with the additional departures of care described hereinafter, constitutes repeated negligent acts in violation of section 2234(c).

///

///

1	
I	

///

SECOND CAUSE FOR DISCIPLINE

(Negligent Act/Unprofessional Conduct)

19. The allegations of paragraphs 11 through 17 above are incorporated by reference as if set out in full. Respondent is subject to disciplinary action for unprofessional conduct, in that Respondent's failure to initiate systemic oral anticoagulant therapy in the face of patient S.A.'s mitral valve stenosis and atrial fibrillation was a departure from the standard of care which, in conjunction with the additional departures from the standard of care alleged herein, constitutes repeated negligent acts in violation of section 2234(c).

THIRD CAUSE FOR DISCIPLINE

(Negligent Act/Unprofessional Conduct)

20. The allegations of paragraphs 11 through 17 above are incorporated by reference as if set out in full. Respondent is subject to disciplinary action for unprofessional conduct, in that Respondent's prescribing of the oral anticoagulant Pradaxa—a medication approved and appropriate only for non-valvular atrial fibrillation—to patient S.A. on February 29, 2012, was a departure from the standard of care which, in conjunction with the additional departures from the standard of care alleged herein, constitutes repeated negligent acts in violation of section 2234(c).

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

21. The allegations of paragraphs 11 through 17 above are incorporated by reference as if set out in full. Respondent is subject to disciplinary action for unprofessional conduct in that his care and treatment of patient S.A. constituted unprofessional conduct in violation of section 2234.

FIFTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

22. The allegations of paragraphs 11 through 17 above are incorporated by reference as if set out in full. Respondent is subject to disciplinary action by invocation of section 2266 in that his failure to maintain adequate and accurate records as to significant clinical matters affecting the care and treatment he afforded patient S.A. constitutes unprofessional conduct.